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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 091200002		CITY OR TOW	N NORWEL	L
APPLICATION FOR	R RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	STRAWBERRY FAIR	R, INC.			
DOING BUSINESS	A				
ADDRESS 14 PON	D ST.				
CITY/TOWN: NO	RWELL	STATE: MA	ZIP CODE:	02061	
	KINLEY, TYPE (PRICIA	OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISES				
	ING LUNCH AND SUP ICE. THERE WILL BE I				
I hereby certify and s	swear under penalties of	perjury that:			
1. the renew	ved license will be of the	same type for the	same premises no	ow licensed;	
	see has complied with all			g to taxes; and	
3. the premi	ises are now open for bus	siness (If not expl	ain below)		
SIGNED BY	T 11 1 1 D		0.55		
	Individual, Partner or	Authorized Corpo	orate Officer		
D. 4 575					
DATE:	TELEPHONE N	NUMBER:		YER IDENTIFICA	
			(Note. <u>NOT</u>	Individual Social S	Security Number)
Acts of 2004, signed	d, attest that we are in d by the building inspec (2) the certificate of liq	ctor and the head	d of the fire depa	rtment for the	e above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	am)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 091200011		CITY OR TOWN NOR	XWELL
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
DOING BUSI	AME: SHIELDS LI NESS A SHIELDS C			
ADDRESS 682	2 MAIN ST			
CITY/TOWN:	NORWELL	STATE: MA	ZIP CODE: 020	061
MANAGER:	SHIELDS, WILLIAM F.	TYPE OF LICENSE: P	ackage Store CATEG	GORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	REMISES:		
		CELLAR FOR STORAGI nalties of perjury that:	3	
	premises are now ope	en for business (If not exp		5, unu
DATE:	TELEF	PHONE NUMBER:		TIFICATION NUMBER: Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING A By:	AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	091200013		CITY OR I	OWN NORWE	LL
APPLICATION FOR	RENEWAL:	Annual	I	LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 104 S/S W	ASHINGTON ST				
CITY/TOWN: NOR	WELL	STATE: MA	ZIP COI	DE: 02061	
MANAGER: MARS	SH, JOHN M TY	PE OF LICENSE: Pac	kage Store	CATEGORY	Y: All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L					
ONE STORY BLDG			HINGTON S	Т	
I hereby certify and sv	=				
		the same type for the	-		
2. the license	e has complied with	h all laws of the Comn	nonwealth rel	ating to taxes; and	d
3. the premise	es are now open for	business (If not expla	iin below)		
SIGNED BY	Individual Dortna	r or Authorized Corpo	rata Officar		
	marviauai, Parmei	f or Authorized Corpo	rate Officer		
DATE:	TELEPHON	NE NUMBER:		PLOYER IDENTIFIC	
Please Check Below: APPROVED:				ICENSING AUT	HORITY
DISAPPROVED:	7		By:		
(If disapproved explai	 n)				
, II	,				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 091200015		CITY OR TOWN	NORWELL	
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	AME: SHRIJI SWAMI	CORP			
DOING BUSIN	NESS A EZ MART				
ADDRESS 433	3 WASHINGTON STRI	EET			
CITY/TOWN:	NORWELL	STATE: MA	ZIP CODE:	02061	
MANAGER:	BHAVSAR, T YOGESH	YPE OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:					
ONE FLOOR WOOD AND BRICK					
-	and swear under penalt renewed license will be		somo promisos novy	licansod:	
	licensee has complied w		=		
	premises are now open f		_	taxes, and	
	•				
SIGNED BY					
	Individual, Parti	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social Se	ecurity Number)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: By:					
DISAPPROVED: (If disapproved explain)					
(11 disapproved	ехріаш)				
DATE:					



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LICENSE NUMBEF	t: 091200017		CITY OR TOWN NORWE	LL	
APPLICATION FOI	R RENEWAL:	Annual	LICENSED FOR	2013	
		CLASS		YEAR	
LICENSEE NAME:	NORWELL DIN	NING, INC.			
DOING BUSINESS	A MCGREALS' T.	AVERN			
ADDRESS 690 MA	IN ST.				
CITY/TOWN: NO	RWELL	STATE: MA	ZIP CODE: 02061		
MANAGER: MCC ANN		PE OF LICENSE: Res	taurant CATEGORY	: All Alcohol	
EMAIL ADDRESS:					
'	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
PUB W/KITCHEN,	BAR AREA, SEAT 1. 750 SQ. FT. W/ST	TING AREA FOR 35, F	OF 690 MAIN STREET. ON REST- ROOMS; PLUS ADD'I WORK AREA, SEATING AI	_ DINING	
I hereby certify and s	wear under penaltie	es of perjury that:			
1. the renew	ed license will be or	f the same type for the	same premises now licensed;		
2. the licens	ee has complied wit	h all laws of the Comm	onwealth relating to taxes; and	1	
3. the premi	ses are now open fo	r business (If not expla	in below)		
SIGNED BY	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA		
			(Note: NOT Individual Social Security Number)		
Acts of 2004, signed	d by the building in	spector and the head	certificate required by Chap of the fire department for the rance required by Chapter 1	ne above	
Please Check Below:			LOCAL LICENSING AUT	HORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	un)				
DATE:					
DINIL.					



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LICENSE NUMBER: 09	1200019		CITY OR TOWN	ORWELL	
APPLICATION FOR RE	ENEWAL:	Annual	LICENSE	D FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: FV	/B, INC.				
DOING BUSINESS A	TRATTORIA SA	AN PIETRO			
ADDRESS 376 WASHII	NGTON ST				
CITY/TOWN: NORWI	ELL	STATE: MA	ZIP CODE:)2061	
MANAGER: DIBENE DUARTI MARIA	DETTO- TY E, ANNA	PE OF LICENSE: Re	staurant CAT	EGORY: All Alcohol	
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMI	ISES:			
ONE STORY RESTAUL ENTRANCE, 2ND ENT KITCHEN, STORAGE,	RANCE ON SI	DE OF BLDG. AREA	INCLUDES DININ R	OOM, BAR,	
I hereby certify and swea	r under penaltie	s of perjury that:			
1. the renewed li	icense will be of	f the same type for the	same premises now lic	ensed;	
2. the licensee h	as complied with	h all laws of the Com	nonwealth relating to ta	axes; and	
3. the premises a	are now open for	r business (If not expl	ain below)		
SIGNED BY	dividual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Individual Social Security Number)		
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building in	spector and the hea	d of the fire departmen	nt for the above	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENSIN By:	G AUTHORITY	
(If disapproved explain)					
DATE:					



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LICENSE NUMBER: 091200020		CITY OR TOWN NORWELL	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEA	R
LICENSEE NAME: TSING, INC.			
DOING BUSINESS A BEIJING HO	OUSE		
ADDRESS 456 WASHINGTON ST	REET		
CITY/TOWN: NORWELL	STATE: MA	ZIP CODE: 02061	
MANAGER: PUSKARICH, CHING C.	TYPE OF LICENSE: Rest	taurant CATEGORY: All	Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PRI			
ONE STORY STRUCTURE APPROBUILDING; MAIN ENTRANCE, T		Γ. LOADING DOCK AT BACK OF S. (SEATING CAPACITY 147)	
3. the premises are now open	with all laws of the Comm	nonwealth relating to taxes; and in below)	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION N	UMBER:
		(Note: NOT Individual Social Security	Number)
Acts of 2004, signed by the buildin	g inspector and the head	certificate required by Chapter 30- of the fire department for the abov ance required by Chapter 116 of th	e
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORIT By:	Y
DATE:			



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LICENSE NUMBER: 09	91200021		CITY OR TOWN	NORWELI	L
APPLICATION FOR R	ENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: R	IVER AND MAIN	STREET RESTA	URANT CORP.		
DOING BUSINESS A	THE TINKERS SO	ON			
ADDRESS 707 MAIN S	ST				
CITY/TOWN: NORW	ELL	STATE: MA	ZIP CODE:	02061	
MANAGER: HOULIF BRIAN	HAN, JOHN TYPI	E OF LICENSE: Re	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMIS	ES:			
RESTAURANT AREA SEATING 150 AND KI			DINING ROOM AN	ID PUB. TO	ΓAL
I hereby certify and swea	ar under penalties	of perjury that:			
1. the renewed l	license will be of the	he same type for th	e same premises nov	v licensed;	
2. the licensee h	nas complied with a	all laws of the Com	monwealth relating	to taxes; and	
3. the premises	are now open for b	ousiness (If not exp	lain below)		
SIGNED BY					
Ir	ndividual, Partner of	or Authorized Corp	orate Officer		
DATE.					
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT adividual Social S	
			(110101 <u>1101</u> III	dividual Bocial B	recurry (valides)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building insp	pector and the hea	d of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 091200022		CHY	OR TOWN	NORWEL	L
APPLICATION FO	R RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	CHERRY AU	NG, INC.				
DOING BUSINESS	A FUJIYAMA	JAPANESE RESTAU	RANT			
ADDRESS 434 WA	SHINGTON ST	REET				
CITY/TOWN: NO	RWELL	STATE: MA	ZI	P CODE:	02161	
MANAGER: LEE	, SALLY W.	TYPE OF LICENSE:	lestaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADD	RESS		_
DESCRIPTION OF						
		TTH SEATING FOR 44 BLDG IN STORAGE A		ENTRANCE	E AND EXIT	WITH
I hereby certify and	swear under pena	alties of perjury that:				
1. the renew	ved license will b	e of the same type for the	ne same p	remises now	licensed;	
2. the licens	see has complied	with all laws of the Cor	nmonwea	lth relating	to taxes; and	
3. the premi	ises are now oper	n for business (If not ex	plain belo	w)		
SIGNED BY						
SIGNED B I	Individual, Pa	rtner or Authorized Cor	porate Of	ficer		
DATE:	TELEPI	HONE NUMBER:		EMPLOYE	R IDENTIFICA	ΓΙΟΝ NUMBER:
			(1	Note: NOT In	dividual Social S	Security Number)
Acts of 2004, signe	d by the buildin	e are in possession (1) of ag inspector and the he te of liquor liability in	ad of the	fire depart	ment for the	e above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 091200023		CITY OR TOWN NORW	ELL
APPLICATION	N FOR RENEWAL:	: Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NA	AME: THOMAS M CAMPANE	M. CAMPANELLI AND M LLI	MARY FRANCES	
DOING BUSIN	NESS A BO-TES II	MPORTS		
ADDRESS 714	4 MAIN STREET			
CITY/TOWN:	NORWELL	STATE: MA	ZIP CODE: 02061	
MANAGER:	THOMAS M. CAMPANELLI	TYPE OF LICENSE:Pa	ackage Store CATEGOR	XY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
ONE STORY I	BUILDING, ONE R	OOM.		
	premises are now op	pen for business (If not exp	, 	nu
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AU' By:	THORITY
DATE:	. /			
D.1111.				



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LICENSE NUMBER: 091200027		CITY OR TOWN	NORWELL	_
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: NYAJ NORWELL, LL	C			
DOING BUSINESS A NOT YOUR AVERAGE	GE JOE'S			
ADDRESS 111 POND ST				
CITY/TOWN: NORWELL	STATE: MA	ZIP CODE:	02061	
MANAGER: O'Brien, Michele TYPE O	F LICENSE: Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
APPROX 5900 SQ FT CONSISTING OF ON COUNTER SERVICE, KITCHEN AND LIQU				
I hereby certify and swear under penalties of p				
1. the renewed license will be of the s	ame type for the	same premises nov	w licensed;	
2. the licensee has complied with all l	aws of the Com	monwealth relating	to taxes; and	
3. the premises are now open for busing	ness (If not expl	ain below)		
SIGNED BY Individual, Partner or A	authorized Corn	orate Officer		
marriagai, raivior or r	comonized corp.	ruic Officer		
DATE: TELEPHONE N	IMRED.	EMPLOYE	R IDENTIFICAT	ION NUMBER:
TEELI HOIVE IV	JWIDLK.	(Note: NOT In	ndividual Social S	ecurity Number)
We the undersigned, attest that we are in p	aggaggian (1) th	o contificato nocui	nad by Chante	on 204 of the
Acts of 2004, signed by the building inspect				
named license and (2) the certificate of liquid of 2010.	or liability insu	rance required by	Chapter 116	of the Acts
Please Check Below:		LOCAL LICEN	CINC AUTU	DITV
APPROVED:		By:	SING AUTHO	JKII I
DISAPPROVED:		-3.		
(If disapproved explain)				
DATE:		-		,
		ONTH OF NOVEMBER (



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CITY OR TOWN NORWELL
LICENSED FOR 2013
S YEAR
NC.
MA ZIP CODE: 02061
E:Restaurant CATEGORY: Wine and Malt Regular
OUR EMAIL ADDRESS
ID BASEMENT.
or the same premises now licensed;
Commonwealth relating to taxes; and
explain below)
Corporate Officer
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
normalia social socially runned,
1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts
LOCAL LICENSING AUTHORITY
By:
THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 091200029		CITY OR TOWN NORWE	ELL	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013	
	CLASS		YEAR	
LICENSEE NAME: VICTORIA HO	SPITALITY			
DOING BUSINESS A THE FOUR'S	-NORWELL			
ADDRESS 285 WASHINGTON STR	EET			
CITY/TOWN: NORWELL	STATE: MA	ZIP CODE: 02061		
MANAGER: LOVELL, KARLE	ΓΥΡΕ OF LICENSE: Re	staurant CATEGOR	Y: All Alcohol	
EMAIL ADDRESS:	-			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PRE	MISES:			
9700 SQ FTA SINGLE STORY BU	JILDING WITH PARK	ING		
I hereby certify and swear under penal	ties of perjury that:			
1. the renewed license will be	• 1	•		
		monwealth relating to taxes; an	nd	
3. the premises are now open	for business (If not expl	ain below)		
SIGNED BY	tner or Authorized Corp	orata Officar		
marviduai, i arc	ner of Authorized Corp	orace Officer		
DATE: TELEBIA		EMPLOYED IDENTIFIC	CATION NUMBER.	
TELEPH	ONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
		(Was and a second	ar security ranneer,	
We the undersigned, attest that we	_ , ,	2 0	•	
Acts of 2004, signed by the building named license and (2) the certificate				
of 2010.	or inquor nationity mat	rance required by Chapter 1	ito of the rees	
Please Check Below:		LOCAL LICENSING AUT	THORITY	
APPROVED:		By:		
DISAPPROVED:		·		
(If disapproved explain)				
DATE:		-		
APPLICATION FOR RENEWAL MUST BE FILED I	3Y LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 091200032		CITY OR TOWN NORWELL		
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
DOING BUSI	AME: NORWELL: NESS A 7 POND STREET	SUNOCO, INC.			
CITY/TOWN:	NORWELL	STATE: MA	ZIP CODE:	02061	
MANAGER:	KARDARIS, STAMATIOS	TYPE OF LICENSE: Pa	ckage Store CA	ΓEGORY: Wine and Malt Regular	
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
CONVENIEC	N OF LICENSED PF E STORE WITH A 4 AND REAR EXIT	REMISES: DOOR COOLER AND 3	END CAPS, HAS 2 E	EXITS, ONE MAIN	
2. the	licensee has complie premises are now op-	be of the same type for the d with all laws of the Com en for business (If not exp eartner or Authorized Corp	monwealth relating to lain below)		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSIN	NG AUTHORITY	
DATE:					

 $APPLICATION \ FOR \ RENEWAL \ MUST \ BE \ FILED \ BY \ LICENSEES \ DURING \ THE \ MONTH \ OF \ NOVEMBER \ (M.G.L.\ Ch.\ 138\ \$\ 16A)$